

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner

Sandra L. Wegert

Group Art Unit

1647

Applicant(s)

Pardo-Fernandez et al.

Application No.

09/694,777

Confirmation No.

8515

Filed

October 23, 2000

For

NOVEL HUMAN K⁺ ION CHANNEL AND THERAPEUTIC APPLICATIONS THEREOF

New York, New York March 19, 2002

Hon. Commissioner for Patents Washington, D.C. 20231

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Office Action; [X] a Statement to Support Filing and Submission in Accordance with 37 C.F.R. §§ 1.821–1.825; [X] a second substitute Sequence Listing in paper form; [X] a second substitute Sequence Listing in Computer Readable Form; [X] a copy of the Declaration of Dr. Luis Pardo-Fernandez under 37 C.F.R. § 1.132 with Exhibits A–G; [X] a Supplemental Information Disclosure Statement; [X]; Form PTO-1449 (in duplicate) and copies of documents cited therein; to be filed in the above identified patent application.

This Supplemental Information Disclosure Statement is submitted more than three months from the application filing date and after the mailing date of the first Office Action on the merits, but before the mailing date of either a final action under 37 C.F.R. § 1.113, or a notice of allowance under 37 C.F.R. § 1.311.

In accordance with 37 C.F.R. § 1.97, this Statement is accompanied by:

- [] a certification as required under 37 C.F.R. § 1.97(e)(1) or § 1.97(e)(2);
- a check in the amount of \$180.00 as set forth in 37 C.F.R. § 1.17(p). [X]
- The Director is hereby authorized to charge payment of any additional fees required [X]under 37 C.F.R. § 1.17 in connection with Supplemental Information Disclosure Statement transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

FEE FOR ADDITIONAL CLAIMS

- A fee for additional claims is not required. []
- A fee for additional claims is required. [X]

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
	TOTAL CLAIMS	37 – 32	* = 5	X \$9=	\$ 45
	INDEPENDENT CLAIMS	1 – 1	** = 0	X \$ 42 =	\$ 0
	FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$ 140 =	\$ 0
*	If less than 20, insert 20. If less than 3, insert 3.		TOTAL		<u>\$ 45.00</u>

- [X] A check in the amount of \$\frac{45.00}{2}\$ in payment of the filing fee is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted

herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[] Please charge	\$ to Deposi	t Account No. 06	6-1075 in paym	ent of the filing fee
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EXTENSION FEE

A.

- [] The following extension is applicable to the Response filed herewith; [] \$55.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$200.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$460.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$720.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136 (a); [] \$980.00 extension fee for response within fifth month pursuant to 37 C.F.R. 1.136(a).
 - A check in the amount of [] \$55.00; [] \$200.00; [] \$460.00; [] \$720.00; [] \$980.00; in payment of the extension fee is transmitted herewith.
 - [X]The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
 - Please charge the [] \$55.00; [] \$200.00; [] \$460.00; [] \$720.00; [] \$980.00; extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

Jane A. Massaro (Reg. No.34,218)

Elinor K. Shin (Reg. No. 43,117)

Attorneys for Applicants

FISH & NEAVE

1251 Avenue of the Americas

New York, New York 10020-1105

Tel.: (212) 596-9000

Fax: (212) 596-9090